



# SANITARY ENGINEERING DEPARTMENT

## Automatic Bill Payment Authorization- Water and Sewer

### Customer Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Utility Account Number: \_\_\_\_\_ \* \_\_\_\_\_ \* \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Bank Information:

Financial Institution: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

Account Type (Check One): Checking \_\_\_\_\_ Savings \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I will receive a copy of each utility bill prior to my withdrawal and I understand that this authorization will be in effect until I notify the Miami County Sanitary Engineering Department in writing that I no longer desire this service, allowing reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

All changes of bank information are the responsibility of the customer.

I hereby authorize the Miami County Sanitary Engineering Department to automatically debit my checking/savings account indicated above at the financial institution named above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please include a voided check if deduction is coming from a checking account.\*\***

\*\*\*The deduction will occur on the 15<sup>th</sup> of the month, or the closest business day after that date.

\*\*\*It will be noted on your bill when ACH deductions begin.

\*\*\*A fee of \$35.00 will be assessed for all returned payments.

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